

COSTAR – RBWO

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General Information

Types of Foster Care Eligibility

1. **Initial Per Diem** – All children in DFCS Room, Board and Watchful Oversight (RBWO) foster care falls into one of the two Initial Per Diem Categories when they first enter placement. The appropriate initial per diem UAS codes are 607 or 611. The maximum length of time that a child can be paid from one of these initial per diem categories is **SIX** months.

NOTE: The first month a child comes into care counts as the first month toward the six-month maximum regardless of the number of days the child is actually in care during that month.

2. **IV-E Eligibility** - When it is determined that a child is IV-E eligible, the effective date should be the first day of the month in which all eligibility requirements are met. This usually is back to the original date of placement and would require rerates be completed. The appropriate IV-E per diem UAS codes are 605 or 609.

To be IV-E eligible, a child must be under the age of 18. The child must be changed to IV-B eligibility effective the month after the eighteenth birthday. The foster care eligibility screen in SHINES should be completed by REV MAX to support the change in the UAS per diem category. The appropriate IV-B per diem UAS codes for children over the age of 18 should be 606 or 610.

Exception: An exception to being IV-E eligible from the first day of the month is when there is a change in the status of the child's placement. For example, the foster home is out of compliance. The child would lose IV-E eligibility the effective day of the change in placement status and would remain ineligible for IV-E funding until the foster home is recertified.

3. **IV-B Eligibility** –When a child is determined to be IV-B, the child should be left in the Initial Per Diem category through the first sixth month. The change to IV-B should be effective the first day of the seventh month of the child's placement. A partial month is counted as one month. The appropriate IV-B per diem UAS codes are 606 or 610.

Example: If a child entered care 03/05/08 and was determined to be IV-B, then REV MAX would complete the foster care eligibility screen in SHINES changing eligibility status from Initial to IV-B effective 09/01/08.

Exception 1: If a child leaves care (both physical and legal custody is relinquished), then re-enters care Initial eligibility will start over.

Exception 2: If a child leaves care (both physical and legal custody is relinquished), then re-enters care and is over 18 the child's per diem can only be expensed to IV-B.

Foster care **children 18 and over** may sign themselves back into the custody of DFCS which will make them eligible for ILP services and the foster home will continue to receive foster care benefits. These benefits are paid from IV-B funding via UAS Codes 606 or 610.

HEAD IN THE BED RULE - Effective April 1, 2005, the “head in the bed” rule, means that the RBWO provider where the child sleeps will be the only provider to receive reimbursement for that day of service.

BIRTHDAY RATE CHANGES - The child’s per diem rate changes the month following the child’s birthday even if their birthday is on the 1st day of the month.

Re-Rates based on Form 529 (Authorization of Foster Care Change/Termination) – 529’s are still completed by REV MAX for any foster children eligibility changes or due to foster homes being out of compliance. REV MAX will submit the 529’s to the Regional Accounting offices who will review and disseminate them to the appropriate Payment Centers (based on the provider where child is currently placed). Payment Center staff should review the 529’s within 48 hours and if the 529 has been sent to the wrong payment center, they should forward the 529’s to the correct payment center and copy all parties from the original email. All Re-Rates must be completed within 10 business dates of date received.

RBWO is placement for children in Group Type Settings (CCI) or in Private Foster Home Type Settings (CPA). The payment centers only process expenditures for RBWO children that are paid from state funding, such as:

Per Diem (regular and waived rates)

Respite or Concurrent Care

Bed Holds for 10 days in a given month, cannot use IV-E funds

Annual Clothing (based on Fiscal Year)

Initial Clothing (full six months from date of initial placement)

Medical, such as Prescriptions or expenditures denied by Amerigroup, denial letter required

Daycare, until CAPS is approved

Car Seats

The provider will need to seek approval from the local county on any other expenditures that the child may incur, such as but not limited to:

Enrichment Activities (521-80)

Allowances

Bed Holds outside of 10 days in a given month

Birthday

Christmas

Diapers/Formula/Wipes

Haircuts

School Supplies

Pre-Bill Process

The last three days of each month, the Payment Center personnel are to review the pre-bill to ensure that the following items are populating correctly on the pre-bill.

- Dates child should be paid for (see note below on how to find the most current information in SHINES)
- Children's correct name, PID# and Child #
- Daily per diem rate
- Waiver rates, if applicable
- Expiration Date for the waiver, if applicable
- UAS program

NOTE: All corrections needed to daily per diem, waiver, waiver expiration date and UAS program are to be updated in the SMILE statewide database. If the Payment Center's accounting personnel is out of the office or does not have time to complete, the payment center should email them to the CHILDREQUEST@dhs.ga.gov email address to be updated.

NOTE: The Placement Log listed under the RESOURCE Tab in SHINES can be used to provide the most current dates a child was in the placement for the month being reimbursed, any new admits, any discharges, etc. It will also provide you with whether the placement is approved, the program designation for payment of care and the rates currently approved for each child.

On the first working day of each month, it is the responsibility of each CCI and CPA provider to download their pre-bill from the SMILE Web Portal. The provider should:

- Review their Pre-Bills
- Make any needed corrections
- Sign and date the pre-bill
- Mail the pre-bill to their payment center by the 10th of the month
- The payment center has 30 days from receipt of the pre-bill within which to pay the provider for the previous month's invoices.

The CCI and CPA providers will update their pre-bill as needed and return to the assigned payment center. The following are changes/additions that could be expected to be seen on the pre-bill:

- Changes in Rates, a copy of the WAIVER must be attached
- Add Sibling Incentives if not indicated on the Pre-Bill
- Placement date changes, such as if a child entered or left the agency during the month
- Items added to OTHER such as clothing, medical, daycare, car seat, etc., original receipts must be attached
- Pre-Bill should be signed and dated by the Agency
- Complete New Admit Forms for any new children they received during the month, if not on the pre-bill, or for children that are not listed on the Pre-Bill
- Complete New Admit Forms for RESPITE request, no other spreadsheets/forms are accepted

Reimbursement for per diem must be itemized on a separate RBWO Pre-Bill for each month.

Payment Process

Payment Center staff should use their RBWO Per Diem Schedules provided to them by the RBWO Manager to ensure providers are billing for allowable program designations. Not all agencies have the same rates or same program designations and therefore you will need these to ensure that the vendor is billing only for program designations that are approved in their contract.

Before any payments can be made all placement, legal status, payment of care and foster care eligibility must be entered into SHINES and be in an approved status. In order for invoices to generate correctly in SHINES, this must be done before COB on the last day of the month.

SIBLING INCENTIVE - Effective July 1, 2006, Foster Parents who care for 3 or more sibling children in an RBWO Foster Home are entitled to a per child sibling supplement (\$3.44 a day).

- Children's restricted funds are not to be used to pay the cost of the sibling incentive supplement.
- If the number of sibling children drops below 3 for any reason, the foster home becomes ineligible for the sibling supplement.
- If any of the 3 sibling children is adopted and causes the number of "foster care siblings" to drop below 3, the sibling incentive is discontinued.
- If a relative caregiver obtains legal custody of any of the siblings and causes the number of "foster care siblings" to drop below 3, the sibling incentive is discontinued.
- If any of the 3 sibling children is attending college and not living in the foster parent's home on a daily basis, the sibling incentive is discontinued.
- Foster homes who are providing **concurrent or respite care** are not eligible for the sibling supplement. The supplement is intended for the Permanent Foster Care Home.

RESPITE (Benefit of the Foster Home) - a copy of the email between the agency and the case manager must be submitted with the Pre-Bill in order for payments to be processed. The placement and payment of care must be entered into SHINES before payments are processed. The email must contain the following information:

- Email must clearly state this is for RESPITE for the Foster Home (UAS-520/94 for the temporary foster home)
- Name of the Child or Children
- Name of the Foster Home where they will be staying
- The first and last date the child will be in the home
- The email must show that the case manager approved for the foster home to be reimbursed
- To be eligible for RESPITE payments, the child must return back to the original foster home
- ADMIN FEE (Fixed Payment to Agency-per Rate Schedule) are not included on RESPITE payments
- RESPITE Foster Homes are not eligible for Sibling Incentive
- Foster Home is allowed 10 days of RESPITE in the Fiscal Year

SHINES - RESPITE is considered a move and a placement must be added to the Placement Page in SHINES and under the section called Temporary Placement Type marked as RESPITE NIGHT before the Agency is paid. The placement Start date will be the day the child leaves the permanent Foster Home and the End date will be the date the child leaves the temporary Foster Home. A Payment of Care must also be entered into SHINES indicating this is a Concurrent Per Diem with the same start/end dates as the placement and the correct RBWO program type in order for the payment to be processed.

Example: Child leaves permanent foster home on Monday for 4 days. Regular per diem (using the child's regular UAS program code) is paid for the entire month (number of days child was in home as long as they do not exceed the 10-day respite limit). Respite per diem (520) starts the first night the child stays in the temporary home. Foster parents return home on Friday and picks up the child. The respite care program (520) is for 4 days (Monday through Thursday) and is paid to the temporary home.

CONCURRENT (Benefit of the Foster Child) - a copy of the email between the agency and the case manager must be submitted with the Pre-Bill in order for payments to be processed. The placement and payment of care must be entered into SHINES before payments are processed. The email must contain the following information:

- Email must clearly state this is for CONCURRENT placement for the Foster Child (using normal UAS programs, if child is IVE then the primary agency is paid IVE, and the concurrent placement will be paid from IVB funding or Initial funding as appropriate)
- Email must clearly state this is for CONCURRENT for the Foster Child
- Name of the Child or Children
- Name of the Foster Home where they will be staying
- The first and last date they will be in the home
- The email must show that the case manager approved for the foster home to be reimbursed

NOTE: Foster Parent Training will be considered as Concurrent Foster Care.

BED HOLD - a copy of the email between the agency and the case manager must be submitted with the Pre-Bill in order for payments to be processed (in SMILE). The only three reasons for a bed hold are due to child being hospitalized, incarcerated or on runaway status. The placement must be updated in SHINES to show BED HOLD was approved before payments are processed. The email must contain the following information:

- Name of the Child
- The dates that the county is agreeing to hold the bed, policy is 10 days per month. Anything over 10 days the county is responsible for paying from county funds.
- The email must show that the case manager approved for the agency to be reimbursed.

CLOTHING, MEDICAL, DAYCARE and CAR SEATS – Agencies are to submit all OTHER type expenditures along with the Pre-Bill. They should not be sending the pre-bill with only per diem items listed and then send another document or the Outstanding Invoice Report with all of the clothing, medical, daycare and car seat expenditures later. There may be instances where some receipts come in late, but this should not be the normal protocol. Please notify the RBWO Manager if this is occurring.

NOTE: Before any payments are made to vendors for Medical or Daycare type expenditures, we must have a copy of their W9 and their E-Verify form (expenses over \$2500.00).

NOTE: When entering Clothing, Medical, Daycare and Car Seats into SHINES or SMILE, you must split the expenditures out according to the correct service months for reporting purposes. It is best to enter a different line item for each receipt to help the providers in reconciling their invoices.

90 DAY RULE: Any expenditures for clothing, medical, daycare, car seats, etc. that are submitted for processing over 90 days must be approved by the RBWO Manager. The provider must produce evidence where they have been submitting the expenditures for reimbursement before the 90 days expires in order to be considered for reimbursement outside of the 90 days. We start counting 90 days the first day of the month after the purchase is made, so if clothing was bought on June 10, they have until the end of September to submit receipts for reimbursement.

ORIGINAL RECEIPTS: Must include name of store, date purchased, and items must be able to be identified as a clothing item (For online purchases printed order showing paid can be excepted). We prefer separate receipts per child, but this is not mandated. However, we ask that the receipts not be highlighted to identify different children's items as it fades and makes the receipts hard to read; they would need to write the child's name to the side of each item.

The County Director may grant a written waiver permitting additional clothing if the child is "hard to fit" or is in "dire need" of an additional wardrobe. **A copy of the waiver must be maintained with the receipts for audit purposes, and these expenditures are to be paid from entitlement code "99".**

Direct payment for clothing to local stores is not permitted when federal/state funds are being used. If this situation occurs, then county funds (if allowed under county policy) would have to cover the cost of the expense.

The SHINES Invoice report should be used to help monitor clothing expenditures as this will allow payment centers to see all clothing cost paid during the fiscal year. The report can be found as downloaded as follows:

- Reports Tab
- Financial Management
- Invoice
- Begin Month should be 07/XXXX if looking at annual clothing, or date of initial placement if looking at initial clothing
- End Month should be 06/XXX if looking at annual clothing, or six months from date of initial placement if looking at initial clothing
- Person ID – Enter Child’s PID#
- Invoice Type – Choose Foster Care
- Report Format – PDF or EXCEL is available

CAR SEATS: The State of Georgia requires all children “under age eight” must be transported in an approved transportation device (childcare seat or booster seat). For children age 8 and older, but are small for their age, i.e., weighing under 80 pounds and/or under 4’9” in height, should use a booster seat instead of a lap/shoulder belt restraint system. The foster parent should purchase the car seat and then attach a paid receipt to a foster care invoice to be reimbursed. The car seat then “belongs” to that child and should be taken with the child in the event of a placement move. Maximum reimbursement is \$200 from state funds. Anything over \$200 must be paid for from county funds or not reimbursed.

SUPPLEMENTAL SUPERVISION – Only children in the custody of DFCS are eligible for supplemental supervision. Rates must be consistent with the CAPS established rates.

- Supplemental Supervision can be paid to the CPA Agency through the Pre-Bill invoice process for the first two weeks until CAPS is approved, once paid receipts are provided, or for when foster homes are attending Foster Care training. No WAIVER is needed.
- In the event that DFCS fails to apply for CAPS in a timely manner, unexpected cost of Supplemental Supervision may be paid directly to the Daycare Provider once receipts are provided. A copy of a state approved WAIVER must be attached to the receipts for audit documentation.
- A State-office waiver is required to pay an informal provider that does not meet CAPS requirements.
- A CAPS waiver is required for paying a provider rates that exceed the state’s reimbursable rates.
- CAPS-funded Supplemental Supervision is available until the age of thirteen (13). A CAPS waiver is required for an exception to the age limit.
- RBWO (CCI providers) are no longer eligible for supplemental supervision services.

IMMIGRATION/LEGALIZATION COST – These expenditures can only be paid from a Child’s Restricted Funds or Restricted Donation Funds designated as appropriate for this type of expense. Per our legal department, neither Federal, State, nor County funds can be used to pay these costs.

CLOTHING SCHEDULE

Date Client Comes into DFCS Custody	Initial Clothing Begins date child comes into care and is for 6 full months	Annual Clothing (cannot be in same calendar year as child entered care)	Annual Clothing schedule thereafter
January 2021	January 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
February 2021	February 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
March 2021	March 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
April 2021	April 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
May 2021	May 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
June 2021	June 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
July 2021	July 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
August 2021	August 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
September 2021	September 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
October 2021	October 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
November 2021	November 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
December 2021	December 2021	Jan 1 to June 30, 2022	July 2022 to June 2023

EXAMPLES OF INITIAL CLOTHING RULE:

- Child enters care on January 6, 2021, they are eligible for Initial Clothing from:
January 6, 2021 thru July 5, 2021 (full 6 months)
- Child enters care on June 30, 2021, they are eligible for Initial Clothing from:
June 30, 2021 thru December 29, 2021 (full 6 months)
- Child enters care on October 23, 2021, they are eligible for Initial Clothing from:
October 23, 2021 thru April 22, 2022 (full 6 months)

UAS CODE – 520**PROGRAM NAME – Foster Care Respite Care - RBWO****REFERENCES:** Foster Care Services Manual

PROGRAM PURPOSE - Respite Care is for DFCS or CPA foster homes designed to provide the caregiver a needed break from parenting for the purposes of vacation, hospitalization, or any other reason that they would be unable to care for the child in their home.

KEY PROGRAM OR ELIGIBILITY REQUIREMENT - Respite Care is for approved DFCS or CPA Foster Homes for a maximum of 10 days within a fiscal year (10 consecutive days are not required). Foster homes must comply with the Minimum Standards for DFCS foster homes. Children who are in approved DFCS or CPA Foster Homes are eligible for this service.

Respite Care services will be **paid at the child's current per diem rate not to exceed 10 days in a fiscal year**. For CPAs this will be the foster parent rate plus any waiver amount. The Agency's ADMIN FEE (Fixed Payment to Agency-per Rate Schedule) will not be paid for Respite.

NOTE: The local county DFCS Director cannot authorize additional respite days for a foster parent beyond the 10 days limit. However, they can request a state office waiver to approve respite over 10 days which would be paid with state funds.

A waiver is required from the Foster Care Services Director for approval to place a child that is in a DFCS or CPA foster home into respite at a CCI. The county director/designee may approve a DFCS or CPA placed child to receive respite from either a DFCS or CPA foster home.

COSTAR REPORTING – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
94	Respite Care Services	Time off designed to provide caregiver a needed break for purposes as specified in respite care services not to exceed 10 days in a fiscal year.

UAS CODE – 604 (Effective August 2006)**PROGRAM NAME – State Related Expenses (Non-DFCS Foster Placements)****REFERENCES: Foster Care Services Manual: Fiscal, 1016.11, 1016.12, 1016.45****PROGRAM PURPOSE** – To charge expenditures for a child who meets the eligibility criteria for IV-E, IV-B and Initial, but incurs a service that is 100% state funded.**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** - Benefits/services charged must meet programmatic guidelines (See Foster Care Manual).**COSTAR REPORTING** – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10a	Unusual Medical	<p>Maximum state funds used for Unusual Medical is \$5,000.00</p> <p>Waivers: The Regional Director can approve Unusual Medical expenses for children in custody above the \$5,000.00 limit not covered by Medicaid or any other funding source.</p> <p>Examples: Treatment for head lice, glasses or contact lenses</p> <p>NOTE: If a child requires the use of a SERVICE DOG for their needs, then veterinarian cost may be paid.</p>

UAS Program 604 (Continued)

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
11	Child Restraint Devices (CRDs)	<p>State funds will cover up to \$200 max. If the cost is over this amount, the county must pay the difference from their local county money.</p> <p>The CRDs are reimbursed from state funds when purchased for a specific child by the foster parent and remains with the child for the life of the CRD.</p> <p>Children age 8 and older who are small for their age, i.e., weighing under 80 pounds and/or under 4'9" in height, should use a booster seat instead of a lap/shoulder belt restraint system.</p> <p>The County Director can authorize a waiver for the age requirement and to purchase a booster seat for the safety needs of a child. A copy of the waiver should be attached to the receipt when requesting payment.</p>
99	Written Waiver Item	Expenditures for unusual items and non-ICPC authorized travel to place/return a child require a waiver approved by the state office before processing payment.

UAS CODE – 605 (Effective August 2006)**PROGRAM NAME – IV-E RBWO - CCI Providers**

REFERENCES: Foster Care Services Manual: Fiscal, 1016.33, 1016.13, 1016.16

PROGRAM PURPOSE – Pays for a child that enters care and is determined to be IV-E eligible. This covers Room, Board and Watchful Oversight of children placed in a CCI placement.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Benefits/services charged must meet programmatic guidelines as outlined.

COSTAR REPORTING – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

UAS Program 604 is to be used for all Unusual Medical (10a) and Child Restraint Device (11) expenditures.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records https://dph.georgia.gov/putative-father-registry
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding. <ul style="list-style-type: none"> • Passports
01a	Per Diem – Base	Refer to Rate Schedule
01b	Per Diem – AWO	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01f	Per Diem – 2 nd Chance Homes	Refer to Rate Schedule
01g	Per Diem – ILP or TLP	Refer to Rate Schedule
01h	Per Diem – Maternity Home	Refer to Rate Schedule
01i	Per Diem – MAAC	Refer to Rate Schedule
01j	Per Diem – PRTF	Effective July 1, 2013: See Waiver for amount to be paid

UAS 605 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
04	Initial Clothing	<p>May be purchased during the first 6 months of a child's initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions for additional initial clothing granted via written waiver by County Director or Designee are to be charged to Code 99.</p>
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is \$415.</p> <p>May be a one-time expenditure or spent in incremental amounts.</p> <p>Annual Clothing cannot be claimed during the calendar year that the child entered care.</p> <p>May be paid as a state reimbursable item.</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces and other dental services needed for the child are covered under this code.</p> <p>For braces, the case manager should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payment can only be made as the services are rendered and therefore, we are not to pay the entire orthodontic treatment up front.</p> <p>The Authorization for Disbursement (ADPOR) should request payments made directly to orthodontist, not the provider. A copy of the monthly statement/invoice from the orthodontist should be attached to the ADPOR.</p>

COSTAR 605 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10c	Interstate Travel	ICPC authorized travel expenses for a child being placed out of state along with the approved Interstate Travel Waiver form (5354) are required in order to process payments.
10d	Burial	Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver. Waivers authorizing expenditures associated with purchases of additional initial or annual clothing approved by a regional director are charged to this code.

UAS CODE – 606 (Effective August 2006)**PROGRAM NAME – State Funded RBWO – CCI Providers**

REFERENCES: Foster Care Services Manual: Fiscal, 1016.11, 1016.12, 1016.13, 1016.28, 1016.31, 1016.34, 1016.47, 1016.45

PROGRAM PURPOSE – To pay for services for any child who enters care unless child is determined to be IV-E eligible. A child determined ineligible for IV-E remains IV-B eligible (100% state funds).

NOTE: Program 607 must be used for first 6 months prior to using 606. This covers Room, Board and Watchful Oversight of children placed in a CCI placement.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Benefits/services charged must meet programmatic guidelines as outlined. Child must have been determined **ineligible** for other programs.

COSTAR REPORTING – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

UAS Program 604 is to be used for all Unusual Medical (10a) and Child Restraint Device (11) expenditures.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records https://dph.georgia.gov/putative-father-registry
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding. <ul style="list-style-type: none"> • Passports
01a	Per Diem – Base	Refer to Rate Schedule
01b	Per Diem – AWO	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01f	Per Diem – 2 nd Chance Homes	Refer to Rate Schedule
01g	Per Diem – ILP or TLP	Refer to Rate Schedule
01h	Per Diem – Maternity Home	Refer to Rate Schedule
01i	Per Diem – MAAC	Refer to Rate Schedule
01j	Per Diem – PRTF	Effective July 1, 2013: See Waiver for amount to be paid

UAS CODE – 606 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
01z	Per Diem – Unapproved CCI	Refer to State Waiver issued by CCTU
04	Initial Clothing	<p>May be purchased during the first 6 months of a child’s initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions for additional initial clothing granted via written waiver by County Director or Designee are to be charged to Code 99.</p>
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is \$415.</p> <p>May be a one-time expenditure or spent in incremental amounts.</p> <p>Annual Clothing cannot be claimed during the calendar year that the child entered care.</p> <p>May be paid as a state reimbursable item.</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces and other dental services needed for the child are covered under this code.</p> <p>For braces, the case manager should obtain an official estimate of the treatment cost on the orthodontist’s letterhead. Payment can only be made as the services are rendered and therefore, we are not to pay the entire orthodontic treatment up front.</p> <p>The Authorization for Disbursement (ADPOR) should request payments made directly to orthodontist, not the provider. A copy of the monthly statement/invoice from the orthodontist should be attached to the ADPOR.</p>

UAS CODE – 606 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10c	Interstate Travel	ICPC authorized travel expenses for a child being placed out of state along with the approved Interstate Travel Waiver form (5354) are required in order to process payments.
10d	Burial	Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver. Waivers authorizing expenditures associated with purchases of additional initial or annual clothing approved by a regional director are charged to this code.

UAS CODE – 607 (Effective August 2006)**PROGRAM NAME – Initial (TANF) RBWO – CCI Providers****REFERENCES: Foster Care Services Manual: Fiscal, 1016.11, 1016.12, 1016.13, 1016.28, 1016.34**

PROGRAM PURPOSE – To pay for services for any child who enters care into a CCI placement and is not determined to be IV-E eligible. Program 607 may be charged from the date of placement for a maximum of 6 months under this UAS Program Code (regardless of the date the child comes into care, the first month counts as one month towards the 6-month limit). At the end of the 6-month period, the child should be moved to the appropriate IV-B UAS Program Code. This program covers Room, Board and Watchful Oversight of children placed in a CCI placement.

If the child is determined to be IV-E eligible, he/she should be moved to the appropriate IV-E UAS Program Code as soon as possible (REV MAX normally back dates the eligibility to the beginning of the month unless the foster home is out of compliance).

EXAMPLES:

- If the child enters DFCS care in April 2021, he/she would be reported as Initial through September 2021, it does not matter what day the child came into care in April.
- If the child returns home in May 2021 and comes back into care in July 2021, the child would be reported as initial through September **as long as legal custody had not been returned** to the parent. The child is changed to IV-B funding on October 1, 2021.
- If legal custody is returned to the parent and the child again enters DFCS care, then the 6-month period starts all over.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Benefits/services charged must meet programmatic guidelines. See the Foster Care Manual.

COSTAR REPORTING – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

UAS Program 604 is to be used for all Unusual Medical (10a) and Child Restraint Device (11) expenditures.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records https://dph.georgia.gov/putative-father-registry

COSTAR 607 (Continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding. <ul style="list-style-type: none"> • Passports
01a	Per Diem – Base	Refer to Rate Schedule
01b	Per Diem – AWO	Refer to Rate Schedule
01c	Per Diem - MWO	Refer to Rate Schedule
01f	Per Diem – 2 nd Chance Homes	Refer to Rate Schedule
01g	Per Diem – ILP or TLP	Refer to Rate Schedule
01h	Per Diem – Maternity Home	Refer to Rate Schedule
01i	Per Diem - MAAC	Refer to Rate Schedule
01j	Per Diem – PRTF	Effective July 1, 2013: See Waiver for amount to be paid
01z	Per Diem- Unapproved CCI	Refer to State Waiver issued by CCTU
04	Initial Clothing	<p>May be purchased during the first 6 months of a child's initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions for additional initial clothing granted via written waiver by County Director or Designee are to be charged to Code 99.</p>

COSTAR 607 Continued**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is \$415.</p> <p>May be a one-time expenditure or spent in incremental amounts.</p> <p>Annual Clothing cannot be claimed during the calendar year that the child entered care.</p> <p>May be paid as a state reimbursable item.</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces and other dental services needed for the child are covered under this code.</p> <p>For braces, the case manager should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payment can only be made as the services are rendered and therefore, we are not to pay the entire orthodontic treatment up front.</p> <p>The Authorization for Disbursement (ADPOR) should request payments made directly to orthodontist, not the provider. A copy of the monthly statement/invoice from the orthodontist should be attached to the ADPOR.</p>
10c	Interstate Travel	ICPC authorized travel expenses for a child being placed out of state along with the approved Interstate Travel Waiver form (5354) are required in order to process payments.
10d	Burial	Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
99	Written Waiver Item	<p>Additional Per Diem rate authorized by a written waiver.</p> <p>Waivers authorizing expenditures associated with purchases of additional initial or annual clothing approved by a regional director are charged to this code.</p>

109.608 UAS Code – 608**PROGRAM NAME – Voluntary** Institutional Foster Care (CCI Providers) 561**REFERENCES:** Foster Care Services Manual: Fiscal, 1016.13, 1016.30, 1016.33**PROGRAM PURPOSE** – To charge expenditures for a child placed in an CCI facility that enters care by Voluntary Placement Agreement.**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – Benefits/services charged must meet programmatic guidelines.**COSTAR REPORTING** – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

UAS Program 604 is to be used for all Unusual Medical (10a) and Child Restraint Device (11) expenditures.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records https://dph.georgia.gov/putative-father-registry
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding. <ul style="list-style-type: none"> • Passports
01a	Per Diem – Base	Refer to Rate Schedule
01b	Per Diem – AWO	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01f	Per Diem – 2 nd Chance Homes	Refer to Rate Schedule
01g	Per Diem – ILP or TLP	Refer to Rate Schedule
01h	Per Diem – Maternity Home	Refer to Rate Schedule
01i	Per Diem – MAAC	Refer to Rate Schedule
01j	Per Diem – PRTF	Effective July 1, 2013: See Waiver for amount to be paid
01z	Per Diem – Unapproved CCI	Refer to State Waiver issued by CCTU

COSTAR 608 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
04	Initial Clothing	<p>May be purchased during the first 6 months of a child's initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions for additional initial clothing granted via written waiver by County Director or Designee are to be charged to Code 99.</p>
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is \$415.</p> <p>May be a one-time expenditure or spent in incremental amounts.</p> <p>Annual Clothing cannot be claimed during the calendar year that the child entered care.</p> <p>May be paid as a state reimbursable item.</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces and other dental services needed for the child are covered under this code.</p> <p>For braces, the case manager should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payment can only be made as the services are rendered and therefore, we are not to pay the entire orthodontic treatment up front.</p> <p>The Authorization for Disbursement (ADPOR) should request payments made directly to orthodontist, not the provider. A copy of the monthly statement/invoice from the orthodontist should be attached to the ADPOR.</p>

COSTAR 608 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10c	Interstate Travel	ICPC authorized travel expenses for a child being placed out of state along with the approved Interstate Travel Waiver form (5354) are required in order to process payments.
10d	Burial	Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver. Waivers authorizing expenditures associated with purchases of additional initial or annual clothing approved by a regional director are charged to this code.

UAS Code – 609**PROGRAM NAME –IV-E RBWO – CPA Providers Privately Supervised Family Foster Care – Licensed and Approved Private Foster Care Agencies****REFERENCES: Foster Care Services Manual: Fiscal, Section 1016.13, 1016.14, 1016.33**

PROGRAM PURPOSE – To charge expenditures for a child who meets the eligibility criteria for IV-E and who is placed in a family foster care supervised by a licensed and approved private agency. This program covers Room, Board and Watchful Oversight of children placed in CPA placement.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Benefits/services charged must meet programmatic guidelines.

COSTAR REPORTING – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

UAS Program 604 is to be used for all Unusual Medical (10a) and Child Restraint Device (11) expenditures.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records https://dph.georgia.gov/putative-father-registry
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding. <ul style="list-style-type: none"> • Passports
01a	Per Diem – Traditional	Refer to Rate Schedule
01b	Per Diem – Base	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01d	Per Diem – SBWO	Refer to Rate Schedule
01e	Per Diem – SMWO	Refer to Rate Schedule
01f	Per Diem – SMFWO	Refer to Rate Schedule
01g	Per Diem – NTF	Refer to Rate Schedule
01h	Per Diem – MAAC	Refer to Rate Schedule

UAS Code – 609 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
01i	Per Diem- PRTF	Effective July 1, 2013: See Waiver for amount to be paid
01l (letter-L)	SGM (Sibling Group Model)	Refer to Rate Schedule
04	Initial Clothing	<p>May be purchased during the first 6 months of a child's initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions for additional initial clothing granted via written waiver by County Director or Designee are to be charged to Code 99.</p>
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is \$415.</p> <p>May be a one-time expenditure or spent in incremental amounts.</p> <p>Annual Clothing cannot be claimed during the calendar year that the child entered care.</p> <p>May be paid as a state reimbursable item.</p>

UAS Code – 609 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces and other dental services needed for the child are covered under this code.</p> <p>For braces, the case manager should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payment can only be made as the services are rendered and therefore, we are not to pay the entire orthodontic treatment up front.</p> <p>The Authorization for Disbursement (ADPOR) should request payments made directly to orthodontist, not the provider. A copy of the monthly statement/invoice from the orthodontist should be attached to the ADPOR.</p>
10c	Interstate Travel	ICPC authorized travel expenses for a child being placed out of state along with the approved Interstate Travel Waiver form (5354) are required in order to process payments.
10d	Burial	Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
17	Supplemental Supervision – Less than 24 hours per day	<p>Daycare can be paid directly to the regular foster home while waiting on CAPS application to be approved or when the foster parent is attending foster parent training. A waiver is not needed.</p> <p>Daycare can be paid directly to the provider in the event DFCS fails to submit the CAPS application timely and delays the approval process. A state office waiver is required in these circumstances.</p> <p>A registration fee for childcare may also be included here.</p>

UAS Code – 609 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver. Waivers authorizing expenditures associated with purchases of additional initial or annual clothing approved by a regional director are charged to this code.
SB	Sibling Incentive	A daily Sibling Incentive of \$3.44 a day is added to the monthly per diem amounts when there are 3 or more “foster care siblings” in the same foster home.

UAS Code – 610**PROGRAM NAME – State Funded RBWO – CPA Providers****Privately Supervised Family Foster Care – Licensed and Approved Private Foster Care Agencies****REFERENCES: Foster Care Services Manual: Fiscal, Section 1016.13, 1016.14, 1016.33**

PROGRAM PURPOSE – To charge expenditures for a child who is not IV-E eligible and who is placed in family foster care supervised by a licensed and approved private agency. This program covers Room, Board and Watchful Oversight of children placed in CPA placement.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Benefits/services charged must meet programmatic guidelines.

COSTAR REPORTING – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

UAS Program 604 is to be used for all Unusual Medical (10a) and Child Restraint Device (11) expenditures.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records https://dph.georgia.gov/putative-father-registry
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding. <ul style="list-style-type: none"> • Passports
01a	Per Diem – Traditional	Refer to Rate Schedule
01b	Per Diem – Base	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01d	Per Diem – SBWO	Refer to Rate Schedule
01e	Per Diem – SMWO	Refer to Rate Schedule
01f	Per Diem – SMFWO	Refer to Rate Schedule
01g	Per Diem – NTF	Refer to Rate Schedule

UAS Code – 610 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
01h	Per Diem – MAAC	Refer to Rate Schedule
01i	Per Diem- PRTF	Effective July 1, 2013: See Waiver for amount to be paid
01l (letter-L)	SGM (Sibling Group Model)	Refer to Rate Schedule
01z	Per Diem Unapproved CPA	Refer to State Waiver issued by CCTU
04	Initial Clothing	<p>May be purchased during the first 6 months of a child's initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions for additional initial clothing granted via written waiver by County Director or Designee are to be charged to Code 99.</p>
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is \$415.</p> <p>May be a one-time expenditure or spent in incremental amounts.</p> <p>Annual Clothing cannot be claimed during the calendar year that the child entered care.</p> <p>May be paid as a state reimbursable item.</p>

UAS Code – 610 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces and other dental services needed for the child are covered under this code.</p> <p>For braces, the case manager should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payment can only be made as the services are rendered and therefore, we are not to pay the entire orthodontic treatment up front.</p> <p>The Authorization for Disbursement (ADPOR) should request payments made directly to orthodontist, not the provider. A copy of the monthly statement/invoice from the orthodontist should be attached to the ADPOR.</p>
10c	Interstate Travel	ICPC authorized travel expenses for a child being placed out of state along with the approved Interstate Travel Waiver form (5354) are required in order to process payments.
10d	Burial	Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
17	Supplemental Supervision – Less than 24 hours per day	<p>Daycare can be paid directly to the regular foster home while waiting on CAPS application to be approved or when the foster parent is attending foster parent training. A waiver is not needed.</p> <p>Daycare can be paid directly to the provider in the event DFCS fails to submit the CAPS application timely and delays the approval process. A state office waiver is required in these circumstances.</p> <p>A registration fee for childcare may also be included here.</p>

UAS Code – 610 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
99	Written Waiver Item	<p>Additional Per Diem rate authorized by a written waiver.</p> <p>Waivers authorizing expenditures associated with purchases of additional initial or annual clothing approved by a regional director are charged to this code.</p>
SB	Sibling Incentive	<p>A daily Sibling Incentive of \$3.44 a day is added to the monthly per diem amounts when there are 3 or more “foster care siblings” in the same foster home.</p>

UAS Code – 611**PROGRAM NAME – Initial TANF RBWO – CPA Providers****Privately Supervised Family Foster Care-Licensed and Approved Private Foster Care Agencies****REFERENCES: Foster Care Services Manual: Fiscal, Section 1016.13, 1016.14, 1016.33**

PROGRAM PURPOSE – Privately Supervised FFC – Licensed and Approved Private Foster Care Agencies Per Diem and other placement related services may be charged from the date of placement for a maximum of 6 months under this UAS Program Code. Otherwise, at the end of the 6 months, the child should be moved to the appropriate IV-B UAS Program Code. This program covers Room, Board and Watchful Oversight of children placed in CPA placement.

If the child is determined to be IV-E eligible, he/she should be moved to the appropriate IV-E UAS Program Code as soon as possible (REV MAX normally back dates the eligibility to the beginning of the month unless the foster home is out of compliance).

EXAMPLES:

- If the child enters DFCS care in April 2021, he/she would be reported as Initial through September 2021, it does not matter what day the child came into care in April.
- If the child returns home in May 2021 and comes back into care in July 2021, the child would be reported as initial through September **as long as legal custody had not been returned** to the parent. The child is changed to IV-B funding on October 1, 2021.
- If legal custody is returned to the parent and the child again enters DFCS care, then the 6-month period starts all over.

KEY PROGRAM AND ELIGIBILITY REQUIREMENTS – Benefits/services charged must meet programmatic guidelines. See the Foster Care Manual.

COSTAR REPORTING – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

UAS Program 604 is to be used for all Unusual Medical (10a) and Child Restraint Device (11) expenditures.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records https://dph.georgia.gov/putative-father-registry
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding. <ul style="list-style-type: none"> • Passports

UAS Code – 611 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
01	Per Diem Regular	
01a	Per Diem – Traditional	Refer to Rate Schedule
01b	Per Diem – Base	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01d	Per Diem – SBWO	Refer to Rate Schedule
01e	Per Diem – SMWO	Refer to Rate Schedule
01f	Per Diem – SMFWO	Refer to Rate Schedule
01g	Per Diem – NTF	Refer to Rate Schedule
01h	Per Diem – MAAC	Refer to Rate Schedule
01i	Per Diem- PRTF	Effective July 1, 2013: See Waiver for Amount
01l	SGM (Sibling Group Model)	Refer to Rate Schedule
01z	Per Diem – Unapproved CPA	Refer to State Waiver issued by CCTU

UAS Code – 611 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
04	Initial Clothing	<p>May be purchased during the first 6 months of a child's initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions for additional initial clothing granted via written waiver by County Director or Designee are to be charged to Code 99.</p>
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is \$415.</p> <p>May be a one-time expenditure or spent in incremental amounts.</p> <p>Annual Clothing cannot be claimed during the calendar year that the child entered care.</p> <p>May be paid as a state reimbursable item.</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces and other dental services needed for the child are covered under this code.</p> <p>For braces, the case manager should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payment can only be made as the services are rendered and therefore, we are not to pay the entire orthodontic treatment up front.</p> <p>The Authorization for Disbursement (ADPOR) should request payments made directly to orthodontist, not the provider. A copy of the monthly statement/invoice from the orthodontist should be attached to the ADPOR.</p>

UAS Code – 611 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10c	Interstate Travel	ICPC authorized travel expenses for a child being placed out of state along with the approved Interstate Travel Waiver form (5354) are required in order to process payments.
10d	Burial	Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
17	Supplemental Supervision – Less than 24 hours per day	<p>Daycare can be paid directly to the regular foster home while waiting on CAPS application to be approved or when the foster parent is attending foster parent training. A waiver is not needed.</p> <p>Daycare can be paid directly to the provider in the event DFCS fails to submit the CAPS application timely and delays the approval process. A state office waiver is required in these circumstances.</p> <p>A registration fee for childcare may also be included here.</p>
99	Written Waiver Item	<p>Additional Per Diem rate authorized by a written waiver.</p> <p>Waivers authorizing expenditures associated with purchases of additional initial or annual clothing approved by a regional director are charged to this code.</p>
SB	Sibling Incentive	A daily Sibling Incentive of \$3.44 a day is added to the monthly per diem amounts when there are 3 or more “foster care siblings” in the same foster home.

UAS Code – 612**PROGRAM NAME – State Funded RBWO for Undocumented Immigrant Children – CCI Providers****REFERENCES:**

PROGRAM PURPOSE – To pay for services for undocumented immigrant children placed in a CCI placement.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Benefits/services charged must meet programmatic guidelines as outlined. Child must have been determined **ineligible** for other programs.

COSTAR REPORTING – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

UAS Program 604 is to be used for all Unusual Medical (10a) and Child Restraint Device (11) expenditures.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records https://dph.georgia.gov/putative-father-registry
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding. <ul style="list-style-type: none"> • Passports
01	Per Diem Regular	
01a	Per Diem – Base	Refer to Rate Schedule
01b	Per Diem – AWO	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01f	Per Diem – 2 nd Chance Homes	Refer to Rate Schedule
01g	Per Diem – ILP or TLP	Refer to Rate Schedule
01h	Per Diem – Maternity Home	Refer to Rate Schedule
01i	Per Diem – MAAC	Refer to Rate Schedule
01j	Per Diem – PRTF	Refer to Rate Schedule See Waiver for amount to be paid
01z	Per Diem – Unapproved CCI	Refer to State Waiver issued by CCTU

UAS CODE – 612 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
04	Initial Clothing	<p>May be purchased during the first 6 months of a child's initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions for additional initial clothing granted via written waiver by County Director or Designee are to be charged to Code 99.</p>
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is \$415.</p> <p>May be a one-time expenditure or spent in incremental amounts.</p> <p>Annual Clothing cannot be claimed during the calendar year that the child entered care.</p> <p>May be paid as a state reimbursable item.</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces and other dental services needed for the child are covered under this code.</p> <p>For braces, the case manager should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payment can only be made as the services are rendered and therefore, we are not to pay the entire orthodontic treatment up front.</p> <p>The Authorization for Disbursement (ADPOR) should request payments made directly to orthodontist, not the provider. A copy of the monthly statement/invoice from the orthodontist should be attached to the ADPOR.</p>

UAS CODE – 612 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10c	Interstate Travel	ICPC authorized travel expenses for a child being placed out of state along with the approved Interstate Travel Waiver form (5354) are required in order to process payments.
10d	Burial	Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver. Waivers authorizing expenditures associated with purchases of additional initial or annual clothing approved by a regional director are charged to this code.

UAS Code – 613 (Effective July 2013)

PROGRAM NAME – State Funded RBWO for Undocumented Immigrant Children – CPA Providers (Privately Supervised Family Foster Care – Licensed and Approved Private Foster Care Agencies)

REFERENCES: Foster Care Services Manual: Fiscal, Section 1016.

PROGRAM PURPOSE – To charge expenditures for a child who is an undocumented immigrant and who is placed in family foster care supervised by a licensed and approved private agency.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Benefits/services charged must meet programmatic guidelines.

COSTAR REPORTING – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

UAS Program 604 is to be used for all Unusual Medical (10a) and Child Restraint Device (11) expenditures.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records https://dph.georgia.gov/putative-father-registry
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding. <ul style="list-style-type: none"> • Passports
01a	Per Diem – Traditional	Refer to Rate Schedule
01b	Per Diem – Base	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01d	Per Diem – SBWO	Refer to Rate Schedule
01e	Per Diem – SMWO	Refer to Rate Schedule
01f	Per Diem – SMFWO	Refer to Rate Schedule
01g	Per Diem – NTF	Refer to Rate Schedule
01h	Per Diem – MAAC	Refer to Rate Schedule

UAS CODE – 613 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
01i	Per Diem- PRTF	Effective July 1, 2013: See waiver for amount
01l (letter-L)	SGM (Sibling Group Model)	Refer to Rate Schedule
01z	Per Diem – Unapproved CPA	Refer to State Waiver issued by CCTU
04	Initial Clothing	<p>May be purchased during the first 6 months of a child’s initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions for additional initial clothing granted via written waiver by County Director or Designee are to be charged to Code 99.</p>
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is \$415.</p> <p>May be a one-time expenditure or spent in incremental amounts.</p> <p>Annual Clothing cannot be claimed during the calendar year that the child entered care.</p> <p>May be paid as a state reimbursable item.</p>

UAS CODE – 613 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces and other dental services needed for the child are covered under this code.</p> <p>For braces, the case manager should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payment can only be made as the services are rendered and therefore, we are not to pay the entire orthodontic treatment up front.</p> <p>The Authorization for Disbursement (ADPOR) should request payments made directly to orthodontist, not the provider. A copy of the monthly statement/invoice from the orthodontist should be attached to the ADPOR.</p>
10c	Interstate Travel	ICPC authorized travel expenses for a child being placed out of state along with the approved Interstate Travel Waiver form (5354) are required in order to process payments.
10d	Burial	Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
17	Supplemental Supervision – Less than 24 hours per day	<p>Daycare can be paid directly to the regular foster home while waiting on CAPS application to be approved or when the foster parent is attending foster parent training. A waiver is not needed.</p> <p>Daycare can be paid directly to the provider in the event DFCS fails to submit the CAPS application timely and delays the approval process. A state office waiver is required in these circumstances.</p> <p>A registration fee for childcare may also be included here.</p>

UAS CODE – 613 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver. Waivers authorizing expenditures associated with purchases of additional initial or annual clothing approved by a regional director are charged to this code.
SB	Sibling Incentive	A daily Sibling Incentive of \$3.44 a day is added to the monthly per diem amounts when there are 3 or more “foster care siblings” in the same foster home.

109.614 UAS Code – 614**PROGRAM NAME – Voluntary RBWO – CPA Providers**

REFERENCES: Foster Care Services Manual: Fiscal, 1016.13, 1016.30, 1016.33

PROGRAM PURPOSE – To charge expenditures for a child placed in an CCI facility that enters care by Voluntary Placement Agreement.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Benefits/services charged must meet programmatic guidelines.

COSTAR REPORTING – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

UAS Program 604 is to be used for all Unusual Medical (10a) and Child Restraint Device (11) expenditures.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records https://dph.georgia.gov/putative-father-registry
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding. <ul style="list-style-type: none"> • Passports
01a	Per Diem – Traditional	Refer to Rate Schedule
01b	Per Diem – Base	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01d	Per Diem – SBWO	Refer to Rate Schedule
01e	Per Diem – SMWO	Refer to Rate Schedule
01f	Per Diem – SMFWO	Refer to Rate Schedule
01g	Per Diem – NTF	Refer to Rate Schedule

UAS CODE – 614 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
01h	Per Diem – MAAC	Refer to Rate Schedule
01i	Per Diem – PRTF	Effective July 1, 2013: See waiver for amount
01l (letter-L)	SGM (Sibling Group Model)	Refer to Rate Schedule
01z	Per Diem – Unapproved CPA	Refer to State Waiver issued by CCTU
04	Initial Clothing	<p>May be purchased during the first 6 months of a child's initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions for additional initial clothing granted via written waiver by County Director or Designee are to be charged to Code 99.</p>
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is \$415.</p> <p>May be a one-time expenditure or spent in incremental amounts.</p> <p>Annual Clothing cannot be claimed during the calendar year that the child entered care.</p> <p>May be paid as a state reimbursable item.</p>

UAS Code – 614 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces and other dental services needed for the child are covered under this code.</p> <p>For braces, the case manager should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payment can only be made as the services are rendered and therefore, we are not to pay the entire orthodontic treatment up front.</p> <p>The Authorization for Disbursement (ADPOR) should request payments made directly to orthodontist, not the provider. A copy of the monthly statement/invoice from the orthodontist should be attached to the ADPOR.</p>
10c	Interstate Travel	ICPC authorized travel expenses for a child being placed out of state along with the approved Interstate Travel Waiver form (5354) are required in order to process payments.
10d	Burial	Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
17	Supplemental Supervision – Less than 24 hours per day	<p>Daycare can be paid directly to the regular foster home while waiting on CAPS application to be approved or when the foster parent is attending foster parent training. A waiver is not needed.</p> <p>Daycare can be paid directly to the provider in the event DFCS fails to submit the CAPS application timely and delays the approval process. A state office waiver is required in these circumstances.</p> <p>A registration fee for childcare may also be included here.</p>

UAS Code – 614 (continued)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver. Waivers authorizing expenditures associated with purchases of additional initial or annual clothing approved by a regional director are charged to this code.
SB	Sibling Incentive	A daily Sibling Incentive of \$3.44 a day is added to the monthly per diem amounts when there are 3 or more “foster care siblings” in the same foster home.

UAS CODE – 615**PROGRAM NAME – State Funded Parental Custody/Purchased RBWO – CCI Providers****REFERENCES: Foster Care Services Manual: Fiscal, 1016.33**

PROGRAM PURPOSE – Pays for a child placed in a CCI (Child Caring Institution) facility that enters care and is in the legal custody of their parents.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Benefits/services charged must meet programmatic guidelines as outlined. Eligibility is not determined on Parental Custody children; their cost of care is paid from 100% state funds and parental contributions.

COSTAR REPORTING – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
01	Per Diem Regular	Refer to Rate Schedule
01a	Per Diem – Base	Refer to Rate Schedule
01b	Per Diem – AWO	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01f	Per Diem – 2 nd Chance Homes	Refer to Rate Schedule
01g	Per Diem – ILP and TLP	Refer to Rate Schedule
01h	Per Diem – Maternity Home	Refer to Rate Schedule
01i	Per Diem – MAAC	Refer to Rate Schedule
01j	Per Diem – PRTF	Refer to Rate Schedule
01z	Per Diem – Unapproved CCI	Refer to State Waiver issued by CCTU
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver

109.616 UAS CODE – 616**PROGRAM NAME – State Funded Parental Custody/Purchased RBWO – CPA Providers****REFERENCES: Foster Care Services Manual: Fiscal, 1016.33**

PROGRAM PURPOSE – Pays for a child placed in a CPA (Child Placing Agency) Foster Home that enters care and is in the legal custody of their parents.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Benefits/services charged must meet programmatic guidelines as outlined. Eligibility is not determined on Parental Custody children; their cost of care is paid from 100% state funds and parental contributions.

COSTAR REPORTING – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
01a	Per Diem – Traditional	Refer to Rate Schedule
01b	Per Diem – Base	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01d	Per Diem – SBWO	Refer to Rate Schedule
01e	Per Diem – SMWO	Refer to Rate Schedule
01f	Per Diem – SMFWO	Refer to Rate Schedule
01g	Per Diem – NTF	Refer to Rate Schedule
01h	Per Diem – MAAC	Refer to Rate Schedule
01i	Per Diem – PRTF	Effective July 1, 2013: See waiver for amount.
01l	SGM (Sibling Group Model)	Refer to Rate Schedule
01z	Per Diem – Unapproved CPA	Refer to State Waiver issued by CCTU
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver